U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

E AUG 222005	LY BEFORE PREPARING THIS REPORT.		
1. File Number U - 12/12 9	2. Fiscal Year Covered From: 1		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name James Dougherty	Name Illinois Federation of Teachers		
Transferred extraction returns return returns and a second design of the	Labor Organization File Number 509-974		
P.O. Box, Bldg., Room No., if any			
i con source in the source in	P.O. Box, Building and Room Number, if any		
Street 1302 Washington	Street 500 Oakmont Lane		
City Evanston	City Westmont		
State Illinois ZIP Code + 4 60202-1624	State Illinois ZIP Code + 4 60559-5520		
	5 × 4 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 ×		
5. Position in labor organization. President			
President Enter appropriate data below if, during the past fiscal year, you or your spou	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or or	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or commonetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		
Enter appropriate data below if, during the past fiscal year, you or your spou (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or ometary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or omegary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or ometary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
Enter appropriate data below if, during the past fiscal year, you or your spou (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or comonetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion of including loans) with, or comonetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of Psubmitted in this report (including the information contained in any accompany).	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		

Name of Person Filing James Dougherty		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any). Name	9. Business deals with:			
Trade Name, if any:	a. Labor Organiza	ation		
P.O. Box, Bldg., Room No., if any Street	c. Employer			
City State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.		
Name		and the second s		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	Control exerces and a second an			
Street	eurosta europik Sayurile era nadelph eo ne a kangalata kana jiwan jiwan gigatan naga a kone malancij	aetra factional et sociate o trecorne colore de l'orde l'indicate que l'indicate que l'indicate que l'indicate	OF PERSONS TO BESTAND STATE OF THE STATE OF	
City	11.b. Approximate dollar valu			
State ZIP Code + 4	12.a. Nature of interest hel	a or income received.	омности и в техня постаниями в населениями в населения и населениями в населениями и населениями в населениями	
State Zir Gude 14				
	12.b. Amount.		our or ACM decoupled to the Commission Commission for the day are substituted to the commission of the	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	gaga, menanang talangga yan biriki salihik karan mengalanga panga an mandipak anang italah	The state of the s	
Name Jacobs, Burns, Orlove, Stanton & Hernandez	12/6/04: Christma	s Box or Chocora	.tes	
Trade Name, if any:	Avenue communication		Ann a Annaise ann	
P.O. Box, Bldg., Room No., if any			con that on the in party.	
Street 122 S. Michigan Ave., Suite 1720	The state of the s		WARE THE COMME	
Cily Chicago			Our results of the second	
State Illinois ZIP Code + 4 60603-6145				
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.		\$30	

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
	3/9/2004: AFL-CIO Golf Outing				
Name Blue Cross Blue Sheild of Illinois					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 500 East Randolph					
City Chicago					
State Illinois ZIP Code + 4 60601					
Substitution of the substi	14.b. Amount of payment.				
13.b. Is the Business an Employer or Consultant ?		\$218			
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant t	o an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	The second section of the second second second second section of the second second section section second s			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4		and and the section of the section o			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	ett med til med med til steden som skille som skille som skille bleve med kan melle av skiller i som søng.			
Name	Committee or a second or a sec				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
	14.b. Amount of payment.				
13.b. Is the Business an Employer or Consultant ?					